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

Reporting period: 2011 – 2014

Submission date: April 2015

I. Status at a glance

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

Summary of the HIV status

	2012	2013	2014
Number of newly diagnosed HIV cases	469	454	456
Number of PLHIV	4193	4558	4948
Known HIV Prevalence in resident population aged 15 and above	0.13%	0.14%	0.15%
HIV Prevalence among MSM	NA	3.14	NA
HIV Prevalence among sex workers	0%	0.04%	0%

II. Overview of the HIV/AIDS epidemic

The first case of HIV was diagnosed in Singapore in 1985. Since then, the number of HIV notifications among Singapore residents has increased from 2 in 1985 to a cumulative total of 6685 as of 31 Dec 2014. Of these, 1737 (26%) have died.

The prevalence of known PLHIV among the resident population aged 15 years and above was 0.15**%** in 2014.

The number of newly-diagnosed cases in 2014 was 456, compared to 454 cases in 2013.
The epidemic in Singapore is predominantly male. As at end Dec 2014, there were 6076 male cases and 609 female cases, giving a sex ratio of almost ten males to one female.

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

The epidemic in Singapore is driven mainly by sexual transmission. 59% of the 6685 cases acquired HIV through heterosexual transmission, and 35% through homosexual and bisexual transmission. As a result of the strict drug laws in Singapore, intravenous drug abuse accounted for only 2% of all HIV cases at end Dec 2014.

The following table shows a comparison between 2013 and 2014 figures:

	2013	2014
Total number of diagnosed cases	454	456
Gender		
- Male	428	422
- Female	26	34
Mode of transmission		
- Heterosexual	181	211
- Homosexual	210	180
- Bisexual	38	40
- Intravenous drug use	4	1
- Perinatal	0	0
- Uncertain/Others	21	24

A significant proportion of HIV cases in Singapore present when they are already in an advanced stage of infection. In 2014, 49% of the new cases already had late-stage HIV infection when they were diagnosed.[2]

Nearly 60% of the newly reported cases in 2014 had their HIV detected when HIV testing was performed in the course of medical care provision. Another 25% were detected during routine programmatic HIV screening while 14% were detected as a result of voluntary HIV screening. The rest were detected through other types of screening. When differentiated by sexual transmission, a higher proportion of homosexuals (23%) had their HIV infection detected via voluntary screening compared to heterosexuals (5%).

III. National response to the HIV/AIDS epidemic

The National AIDS Control Programme comes under the central control of the Ministry of Health, Singapore (MOH), with active involvement from other relevant government agencies as well as community and private sector groups in Singapore. The Programme focuses on HIV education and prevention for the general population as well as specific at-risk groups, reducing the pool of

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

undiagnosed HIV-infected individuals, and providing care and support to those living with HIV/AIDS. To further enhance the surveillance and control of HIV, MOH set up a National Public Health Unit in September 2008. This unit is responsible for maintaining and enhancing the National HIV Registry, carrying out contact tracing and partner notification for newly-diagnosed HIV patients, and conducting HIV-related public health research.

During the course of 2011 to 2014, national efforts to increase access to HIV prevention, education, testing, care and support have continued. .

(a) HIV/AIDS Education

General Population

HIV/AIDS prevention and education is the mainstay of the national HIV/AIDS control programme in Singapore. Education is targeted at both the general population and those at high risk of infection. Educational messages for the general population are focused on the avoidance of pre-marital and casual sex, and sex with commercial sex workers. The use of condoms is emphasised to those at risk. Campaigns are also conducted to reduce HIV-related stigma and discrimination.

Youth

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

Leveraging on a multi-agency approach, the Ministry of Education, Ministry of Health and Health Promotion Board developed and implemented a co-curriculum programme titled “Empowered Teens” (eTeens). eTeens is a staple sexuality education programme targeting students aged 15 to 17 years. Students learn about the different STIs including HIV, the consequences of infection, and the effective modes of protection from a health perspective. Life skills, such as the ability to be assertive and make sound decisions in order to say “no” to casual sex, are also taught. Apart from developing programmes for mainstream students, HPB has also developed and implemented a programme for vulnerable youths.

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

High-Risk groups

Key Risk Groups include
(a) Men who have sex with Men
(b) Men who buy sex from commercial sex workers
(c) Commercial sex workers
(d) Male and Female Migrant workers

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

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

More intensive efforts for the MSM community
The government works closely with the NGOs to develop and conduct outreach, education and research activities with the objective of creating an environment in which MSM are empowered to take personal responsibilities to reduce risk behaviours and undergo regular testing.

Workplace

As part of our efforts to address the issue of HIV-related stigma and discrimination in the workplace, the Health Promotion Board (HPB), has partnered the Singapore National Employers Federation (SNEF) to leverage their business affinity in the rolling out of the Workplace Infectious Disease Education (WIDE) programme to companies. WIDE covers other infectious diseases in addition to HIV/AIDS such as. tuberculosis and influenza. It comprises talks, exhibits and a HR management folder which provides information on the prevention and management of infectious diseases in the workplace.

(b) Increased HIV testing efforts

(i) Anonymous Testing

Anonymous HIV Testing is made available for those who believe that they are at risk of HIV infection but who are reluctant to identify themselves to medical personnel. There are a total of ten anonymous HIV test sites in Singapore. During the course of 2012 to 2014, more than 41,000 anonymous HIV tests were carried out, of which (1.45%) were HIV-positive.

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

In view of the US CDC recommendations that voluntary opt-out screening for HIV infection be performed routinely for all patients aged 13-64 years in all healthcare settings, as a normal part of medical practice,[3] voluntary opt-out HIV screening is implemented in all other acute public sector hospitals for hospital inpatients aged 21 years and above. The objective of this programme is to give inpatients an opportunity to have HIV screening done as part of the routine medical care they receive during their stay in hospitals, and so facilitate earlier detection of HIV infection. During the period of 2012 – 2014, about 100,000 HIV screening tests were done under this programme, of which 0.19% were HIV-positive.

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

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

HIV/AIDS patients have access to subsidised inpatient and outpatient care. This includes hospital, radiological and laboratory charges, treatment of complications with standard drugs and consultation fees. Patients are allowed to withdraw up to S$550 per month from their Medisave account for anti-retroviral drugs. From 1 February 2010, Medifund assistance was extended to HIV treatment. From 2014, ARV drugs for HIV treatment have also been subsidised for lower to middle-income patients at public hospitals and institutions, if the drugs have been assessed to be clinically necessary and appropriate for treatment.

(d) Legislation

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

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

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

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

IV. Best practices

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

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

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

V. Major challenges and remedial actions

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

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

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

Not applicable.

VII. Monitoring and evaluation environment

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

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

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