UNGASS COUNTRY PROGRESS REPORT
SINGAPORE

Reporting period: January 2006–December 2007

Submission date: 14 March 2008

I. Overview of the HIV/AIDS epidemic

Singapore is categorized as a low-prevalence epidemic. The first case of HIV was diagnosed in Singapore in 1985. As at end-June 2007, the cumulative total number of HIV-infected Singapore residents was 3,224. Of these:

- 752 have AIDS-related illnesses (23%)
- 1,092 have died (34%)

The number of newly-diagnosed cases in 2006 was 357, compared to 317 cases in 2005. Between January and June 2007, another 164 Singapore residents were detected to be HIV-infected.

The epidemic in Singapore is predominantly male. Of the 3,224 cases diagnosed as at end-June 2007, 2,870 cases (89%) were male.

The epidemic in Singapore is also driven mainly by sexual transmission. 69% of the 3,224 cases acquired HIV through heterosexual transmission, and 24% 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.

The following table shows a comparison between 2005 and 2006 figures:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of diagnosed cases</td>
<td>317</td>
<td>357</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Male</td>
<td>287</td>
<td>325</td>
</tr>
<tr>
<td>- Female</td>
<td>30</td>
<td>32</td>
</tr>
<tr>
<td>Mode of transmission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Heterosexual</td>
<td>185</td>
<td>222</td>
</tr>
<tr>
<td>- Homosexual</td>
<td>87</td>
<td>94</td>
</tr>
<tr>
<td>- Bisexual</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>- Intravenous drug use</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>- Perinatal</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>- Uncertain</td>
<td>24</td>
<td>11</td>
</tr>
</tbody>
</table>
The majority of HIV cases in Singapore present when they are already in an advanced stage of infection. Prior to 2005, the proportion of patients presenting as AIDS was about 40%. In 2005 and 2006, this proportion dropped to 22%. However, in 2006, 58% of new cases had CD4 counts of less than 200 at the point of diagnosis, indicating late-stage HIV infection.

Most new cases are diagnosed when they have HIV testing in the course of medical care. A much smaller proportion was detected as a result of voluntary HIV screening. In the first 6 months of 2007, 76% of cases had their HIV detected when they received a HIV test in the course of some form of medical care. 12% were detected through voluntary HIV screening. The rest were detected through contact tracing and other screening. When differentiated by sexual orientation, a higher proportion of homosexuals had their HIV infection detected via voluntary screening compared to heterosexuals (31% vs. 5%).

II. National response to the HIV/AIDS epidemic

The National AIDS Control Programme comes under the central control of the Ministry of Health, Singapore, with active involvement from other relevant government agencies as well as community and private sector groups in Singapore.

Between 2005 and 2007, national efforts for HIV/AIDS control continued to be ramped up and enhanced.

(a) Formation of a National HIV/AIDS Policy Committee

Between 1985 and 2006, the Ministry of Health was assisted in its AIDS control efforts by the AIDS Task Force, an expert advisory committee that advised the Ministry on medical and scientific matters pertaining to AIDS.

In December 2006, a new National HIV/AIDS Policy Committee was formed. The current Committee is chaired by Dr Balaji Sadasivan, Senior Minister of State for Foreign Affairs, and Communication, Information and the Arts. The Committee comprises senior officers from 7 ministries, 2 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, or NGO) and the AIDS Business Alliance (elaborated below).

(b) HIV Prevention and Education

A key component of the National AIDS Control Programme is education to equip the population with the knowledge to protect themselves against HIV/AIDS. HIV education is targeted at both the general population, as well as those at higher risk of infection.
(i) Workplace HIV/AIDS education

Between 2005 and 2007, intensified HIV education was carried out in the workplace, as 90% of newly diagnosed HIV cases are in the economically productive age groups of 20-59 years.

The AIDS Business Alliance was set up in November 2005 to champion HIV/AIDS education for workers and to advocate for a supportive and non-discriminatory working environment for HIV infected workers. The Alliance was formed by a group of businesses, and has representation from local and multinational companies and employees’ and employers’ unions. Together with the Alliance, the government has launched an educational programme called “RESPECT”, or Rallying Employers to Support the Prevention, Education and Control of STI/HIV/AIDS. This is a programme specially developed for the local workplace setting, which aims to educate workers on AIDS prevention and which will fight discrimination against HIV positive workers at the workplace.

(ii) Enhanced HIV/AIDS for schools

In 2006, the Ministry of Education and the Health Promotion Board successfully piloted “Breaking Down Barriers”, an enhanced school-based STIs/AIDS education programme targeted at 15- and 17-year olds. The programme provides information on STIs/AIDS and protective measures against STIs/AIDS as well as teaches life skills such as decision-making, negotiation and assertiveness. The programme is currently being rolled out to other secondary schools and junior colleges in Singapore.

(c) More intensive efforts for the MSM community

The proportion of homosexuals among newly-diagnosed HIV individuals increased from 17% in 2003 to 26% in 2006. The government works closely with NGOs to develop and conduct outreach, education and research activities in the MSM community. In August 2007, a working committee on MSM and HIV/AIDS, comprising representatives from the Ministry of Health, the Health Promotion Board, the Ministry of Information, Communication and the Arts, and four NGOs was formed to develop and coordinate a more intensive multi-pronged strategy of education, outreach and research programmes, with the objective of creating an environment in which MSM are empowered to take personal responsibilities to reduce risk behaviours and undergo regular testing.

(d) Increased HIV testing efforts

(i) Antenatal testing

Antenatal HIV screening has been made a standard of care in Singapore since December 2004. Today, more than 99% of all pregnant women in Singapore are
screened for HIV. Since December 2004, only one case of mother-to-child HIV transmission has occurred.

(ii) HIV testing in healthcare institutions

Since July 2005, HIV testing has been made a standard of care in healthcare institutions, and is to be done whenever there is a medical indication, and with the same preliminaries to obtain informed consent as for other clinical tests, and where knowing the HIV status will help in the management of the patient.

(iii) Rapid HIV testing

In August 2007, in an effort to increase the availability and accessibility of HIV testing, the Ministry of Health allowed medical clinics to offer HIV screening using registered oral fluid or blood-based rapid tests.

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

In February 2007, the Ministry of Health carried out an unlinked anonymous HIV seroprevalence survey in public sector hospitals in Singapore. The survey found that the prevalence of undiagnosed HIV infection among adult hospital patients in five hospitals was 0.28%. Arising from this survey, one hospital began a pilot of voluntary opt-out HIV testing among their inpatients in December 2007.

III. Major challenges and remedial actions

Addressing HIV-related stigma and discrimination is an on-going challenge in Singapore. The Health Promotion Board has stepped up efforts in this area, for example, through 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 NGOs are 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. There are also plans to expand voluntary opt-out HIV testing of inpatients to more hospitals in Singapore.

IV. Monitoring and evaluation environment

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).