



Action for AIDS
SINGAPORE

Annual Report 2015

DOING IT
BETTER!



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PRESIDENT'S MESSAGE

Re-Energising AIDS Awareness, Prevention and Control

Efforts to reduce the impact of HIV/AIDS have borne fruit in the last 15 years. Globally since 2000 there has been a 15% decrease in all new infections and 58% decrease among children; since 2004 the number of AIDS-related deaths has fallen by 42%, and since 2010 there has been an 84% increase in access to anti-retroviral treatment¹.

However the HIV/AIDS epidemic is far from over. The fact is that HIV infection continues to spread in cities and countries in the region and around the world, especially in key affected populations. Singapore is no exception. The number of newly reported HIV infections here has hovered just above 400 over the last few years. While we may have slowed down the spread of HIV, this is still 400 infections too many. HIV is eminently preventable and the strategies are clear – educate and empower communities, remove discriminatory legislation, focus on key populations, mobilise leadership, harness new prevention technologies, make testing simple and accessible, make treatment universal, and ensure resources are available.

But like more other endeavors the reality is more complicated. Human behaviour, and sexual risk taking in particular, is difficult to influence and control. Highly effective anti-retroviral treatment can keep persons with HIV infection in good health for a very long time. As a result of this we now no longer fear

HIV/AIDS in the same way that we did even just 10 years ago. This is a good thing because it has reduced the stigma of HIV/AIDS. However it has also been accompanied by higher rates of unsafe sex which have resulted in increasing HIV and other sexually-transmitted infections (STIs). The situation has become very serious especially among MSM communities around the world, with surging HIV, syphilis, gonorrhoea and now Hepatitis C infections.

New challenges call for new solutions. We have been reviewing our programme to identify gaps in our response, and opportunities to improve outreach, testing and care. The AIDS Control Programme of MOH needs to do the same. We need an updated analysis of the size of the local epidemic, better insight into risk behaviours, and an operational plan to reduce and eventually end of HIV transmission.

To help achieve this, we are organising the 10th Singapore AIDS Conference in December that will focus on 2 themes – PrEP for prevention^{II}, and 90-90-90^{III} for programme planning. The 10th SAC will be a forum for everyone with an interest in HIV/AIDS to come together to share, discuss and propose solutions to stop the spread of HIV, remove HIV-related stigmatisation and discrimination, and improve care and support for PLHIV in Singapore. The meeting will build upon the momentum and



PROFESSOR ROY CHAN
President, AfA Singapore

“New challenges call for new solutions. We have been reviewing our programme to identify gaps in our response, and opportunities to improve outreach, testing and care.”

impact of past conferences to focus energy, intensify efforts and sharpen programmes needed to attain these goals.

I would like to commend colleagues in the AfA executive committee and our incredible staff for the excellent work and results in 2015. The enthusiasm to reach out to our target audiences, to train and mentor volunteers, to engage communities, to grow our programmes and to comfort our beneficiaries has been palpable.

2015 was a challenging year for us, but we have come through it stronger and better equipped. We have in our new GM Sumita Banerjee, someone who is dedicated to the AIDS cause and equipped with the experience and ability to ensure AfA is run efficiently and effectively.



¹ http://www.unaids.org/sites/default/files/media_asset/AIDS_by_the_numbers_2015_en.pdf

ⁱⁱ New HIV infections amongst men who have sex with men (MSM) continue to rise globally, regionally and locally. The estimated regional population of MSM at risk of HIV infection ranges from 10.5 to 27 million. HIV prevalence in cities such as Bangkok, Hanoi, and Jakarta ranges from 15% to 25%, while in Singapore it is thought to be over 5%. Pre-exposure prophylaxis (PrEP) for HIV consists of daily use of HIV medication to prevent HIV infection. WHO recommends PrEP as an important intervention to complement existing HIV prevention strategies. The US Center for Disease Control recommends PrEP for HIV negative people at high risk of HIV exposure, such as MSM who have anal sex without condoms. PrEP however is not just a daily pill, it is part of a multifaceted programme to be used in combination with other HIV prevention strategies, and requiring strict adherence and regular monitoring including HIV and STI testing. If used this way PrEP can become an important component of our “prevention toolkit”.

ⁱⁱⁱ In December 2013, UNAIDS launched country- and region-led efforts to establish new targets for HIV treatment scale-up beyond 2015. At the global level, stakeholders assembled in a variety of thematic consultations focused on civil society, laboratory medicine, paediatric HIV treatment, adolescents and other key issues. Powerful momentum is building towards a new narrative on HIV treatment and new, final, ambitious, but achievable targets that we should aspire to: By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained ART. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

GENERAL MANAGER'S MESSAGE

“We absolutely need to get the information out on the benefits of getting tested early from both a treatment and prevention point of view...”

Despite some of the challenges faced in 2015, it was a successful year for AfA. The HSO programme was able to scale up and expand its reach to over 63,232 heterosexual men at a higher risk of HIV infection, a huge increase from what we achieved in 2014. Going forward, we will more closely track the impact that our programmes are having on key areas especially around risk taking behaviours and ways to make voluntary testing more accessible to this population.

For our MSM programme, we continued to strengthen our strategic ties with the community providing life saving HIV information, products and testing services. Dishearteningly though, the recently released 2015 HIV statistics by the Ministry of Health shows a significant increase in infections among MSM. This has strengthened our resolve to continue to engage and look at new ways to mobilise the community on the risks associated with HIV but also to delve and bring into focus biomedical interventions which in many contexts outside of Singapore have proven to be effective in preventing the transmission of HIV.

Closely linked to our outreach work is the anonymous voluntary counselling and testing services that we offer. In 2015 we conducted 10,735 tests (HIV and syphilis tests at the ATS and MTS) but we feel that the numbers need to be higher. Only then can we achieve our goal

of zero new HIV infections. Tied to HIV testing are deep rooted issues of HIV related stigma, discrimination and misinformation. We absolutely need to get the information out on the benefits of getting tested early from both a treatment and prevention point of view and we need to continue to reach out to the population on zero tolerance for stigma towards HIV. We will continue to explore ways to make HIV testing more acceptable and hope in the foreseeable future it will be regarded as a routine test. On a brighter note, we successfully linked almost 90% of those who tested HIV positive to treatment.

As a voluntary welfare organisation, AfA relies largely on external funding support and volunteers for the work that we do. We remain thankful to our long time supporters for their financial and in-kind contribution without which our work would not have been possible. Finally, at a personal level, I am very happy to be part of such a dynamic and dedicated team of staff and executive committee members and am looking forward to continuing and strengthening the good work being done by the organisation.



MS. SUMITA BANERJEE
General Manager,
AfA Singapore

GETTING TO ZERO



Zero New Infections through Education

Education is an important pillar of our mission, and these programmes help to raise awareness of HIV/AIDS through targeted outreach activities to at-risk communities.

- HSO : Heterosexual Outreach Programme
- MSM : Men who have sex with men Outreach Programme



Zero Deaths through Care & Support

Anonymous HIV-testing enables early detection and treatment. Financial assistance provides help for those in need. Support groups and counselling help infected and affected individuals cope with HIV infection and close the gap between diagnosis and care.

- ATS : Anonymous Testing Service
- MTS : Mobile Testing Service
- Coordinated Care



Zero Stigma & Discrimination through Advocacy

Since its inception, AfA has been a visible advocate for the fair treatment of Persons Living with HIV/AIDS. Today, we continue our efforts to advocate access to affordable treatment for all PLHIV.

- SAC : Singapore AIDS Conference
- LOVE : Fund Raising Gala
- SACM : Singapore AIDS Candlelight Memorial
- Advocacy & Partnerships

INTRODUCTIONS



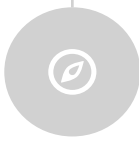
Who We Are

Formed in 1988, in response to the global and local spread of HIV infection. AfA is Singapore's leading independent organisation of HIV Experts.



Our Vision

Zero new infections
Zero deaths due to HIV/AIDS related illnesses
Zero discrimination and stigma.



Our Mission

Prevent HIV transmission through promotion of behavioural and biomedical strategies;
Reduce the impact of HIV/AIDS on individuals by working towards universal access to treatment and care;
Advocate for implementation of policies and programmes that will reduce HIV-related stigma and discrimination in Singapore.

VISION & MISSION



How We Work

Apply expertise and deliver results

Engage communities

Leverage convening and networking capacity

Harness information technology

Synergise local efforts

Strengthen partnerships

Drive change and innovation

Be accountable



Our Values

Integrity

Caring

Embrace diversity

Collaboration & Partnership

Equality & shared responsibilities



Our Foundation

Reflecting the core strengths and assets of AfA

Foundation 1

Programmes and policies are evidence-based

Foundation 2

Programmes and policies are rights-based

Foundation 3

Programmes are efficient and effective

Foundation 4

Organisation is responsive and innovative

EXECUTIVE COMMITTEE

President:

Prof. Roy Chan

Vice President:

Mr. Thomas Ng

Honorary Treasurer:

Mr. Terence Ng

Honorary Secretary:

Mr. Benedict Thambiah

Assistant Honorary Secretary:

Ms. Dawn Mok

Committee Members:

Ms. Cheryl Yeo

A/Prof. David Lye

A/Prof. Lee Cheng Chuan

A/Prof. Paul Ananth Thambyah

Mr. Saxone Woon

AUDITORS

Geetha A & Associates

BOARD OF TRUSTEES

Mrs. Elen Fu

Mr. Goh Eck Meng

Mr. Howie Leong

Ms. Jacqueline Khoo

Mr. Lee Yang Soon

Mr. Nicholas Chan

SUB COMMITTEES

Programmes:

Prof. Roy Chan (Chair)

Prof. Paul Ananth Thambyah

Ms. Sumita Banerjee

Mr. Terry Lim

Mr. Daniel Le

Fundraising:

Prof. Roy Chan (Chair)

Mr. Saxone Woon

Mr. Anwar Hashim

Communications and Digital

Engagement:

Mr. Saxone Woon (Chair)

Mr. Benedict Thambiah

A/Prof. David Lye

Ms. Dawn Mok

Ms. Sumita Banerjee

Human Resources:

A/Prof. Lee Cheng Chuan (Chair)

Ms. Dawn Mok

Mr. Benedict Thambiah

Ms. Sumita Banerjee

Finance & Audit:

Mr. Terence Ng (Chair of Finance)

A/Prof. David Lye (Chair of Audit)

Ms. Cheryl Yeo

Mr. Thomas Ng



Mailing Address:

9 Kelantan Lane #03-01

Singapore 208628

or

c/o DSC Clinic:

31 Kelantan Lane #02-16

Singapore 200031

Tel: (65) 6254 0212

Fax: (65) 6256 5903

Email: info@afa.org.sg

Social Media:

facebook.com/afasingapore

youtube.com/afaspore

Name of Organisation:

Action for AIDS (Singapore)

UEN: S88SS0126A

IPC No: HEF0006/G

Date of Charity Registration:

07 October 1994

DECLARATIONS

None of our top three highest paid staff receives more than \$100,000 in annual remuneration each.

Executive Committee members do not receive remuneration for their board services.

Executive Committee is a voluntary board.

Members, staff and volunteers are expected to avoid actual and perceived conflicts of interest. Where individuals have personal interest in business transactions or contracts that AfA may enter into, or have vested interest in other organisations that AfA has dealings with or is considering to enter into joint ventures with, they are expected to declare such interests and the conflict of interest form is to be signed each year by members of the exco and staff as soon as possible and abstain from discussion and decision-making on the matter. Where such conflicts exist, the Board will evaluate whether any potential conflicts of interest will affect the continuing independence and whether it is appropriate for the individual to continue to remain with the organisation.

THE TEAM



Left to right: Larvnya Raveen, Anwar Hashim, Nurhidayah Ismail, Murni Sab Adi, Sumita Banerjee, Hazim Rahman, A/Prof. Lee Cheng Chuan, Prof. Roy Chan, Benedict Thambyiah, Dawn Mok, Lokman Hakeem, Daniel Le, Alex Tan and Edwin Lim. Front row: Jing Lin and A/Prof. David Lye. Not in picture: Thomas Ng, Terence Ng, Cheryl Yeo, Prof. Paul Ananth Thambyah, Saxone Woon and Terry Lim.

SUMITA BANERJEE

General Manager

ANWAR HASHIM

Senior Manager
Coordinated Care, Donor and
Volunteer Management, AMPUH

LARVNYA RAVEEN

Coordinator
Coordinated Care, Donor and
Volunteer Management

JING LIN

Senior Office Administrator

TERRY LIM

Senior Manager
HIV Education Programmes

DANIEL LE

Manager
Men-who-have-sex-with-men
Outreach Programme (MSM)

EDWIN LIM

Senior Executive
Heterosexual Outreach Programme
(HSO)

ALEX TAN

Senior Coordinator
Men-who-have-sex-with-men
Outreach Programme (MSM)

LOKMAN HAKEEM MOHDAR

Manager (AG)
Clinical Services: ATS and MTS

NURHIDAYAH ISMAIL

Coordinator
Anonymous Testing Service (ATS)

MURNI SAB ADI

Senior Coordinator
Mobile Testing Service (MTS)

HAZIM RAHMAN

Coordinator
Mobile Testing Service (MTS)



EDUCATE

An important pillar of our mission, these programmes help raise awareness of HIV/AIDS through direct and provocative outreach activities to communities at risk.

Changing of behaviour is only possible through integrative programming and support by venue owners, volunteers and coordinators.

HETEROSEXUAL OUTREACH PROGRAMME (HSO)

BY TERRY LIM & EDWIN LIM
AFA.ORG.SG/HSO

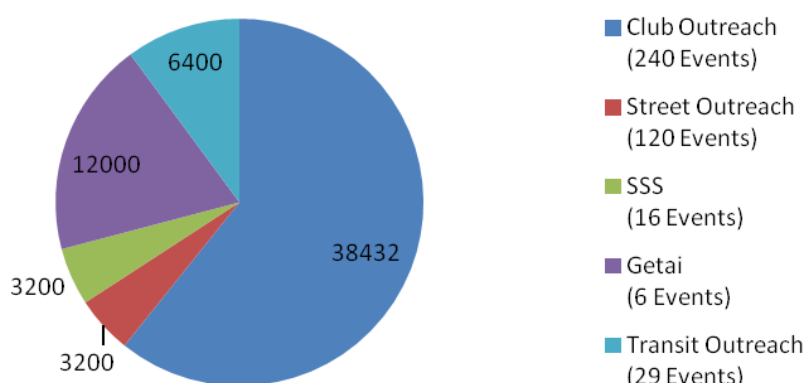
“Going forward for 2016 and beyond, AfA will continue to review and renew its programmes to reach out to heterosexual men at a higher risk of HIV infection...”

Finding ways to teach old tricks in new ways

2015 was a good year for the HSO programme. Funding at previous levels was reinstated which meant that our activities could get back on track again. The HSO programme aims to reach heterosexual men at a higher risk of contracting HIV infection due to their risky sexual behaviours.

In 2015, the programme reached 63,232 heterosexual men through a total of 414 outreach events as against 17,974 men who were reached in 2014 through 123 outreach events. The programme was able to expand into 9 new clubs in 2015 taking the total to 119 clubs that have worked with AfA for HIV prevention outreach. Additionally 4 new clubs were engaged for the Safe Sex Show.

HSO Programme reach



The programmes that AfA runs for the heterosexual population are critically important to achieve its vision of the three zeros, particularly given the low rates of voluntary HIV testing among this population. In 2015 only 3193 heterosexual males came for voluntary testing at the ATS and an additional 752 persons at the MTS. Most newly diagnosed heterosexuals with HIV were



TERRY LIM

Senior Manager
HIV Education Programmes



EDWIN LIM

Executive
Heterosexual Outreach Programme
(HSO)



Watch



World AIDS Day
x Make A Positive
Difference



1 Survey after SSS

2 Outreach at Getai

3 Distribution of HIV prevention during ferry terminal outreach

detected in the late stage of HIV infection making treatment all the more challenging, and putting themselves as well as others at risk. Due to pervasive social stigma associated with HIV, fear and a denial of risk, most heterosexual men are unwilling to come forward to test on their own accord posing a serious barrier to HIV control interventions.

AfA thus needs to address these barriers while continuing to engage with this population promoting HIV prevention and the importance of early testing and diagnosis for positive treatment outcomes.

In addition to its outreach work and to address the stigma associated with HIV, AfA launched a media campaign on World AIDS Day utilising diverse social media platforms including the internet, mobile apps, television commercial, cinema and radio . The programme was somewhat successful and led to an increase in testing at ATS with numbers rising to 701 in Dec 2015 and 669 in Jan 2016 as compared to 474 and 521 in the previous 2 months. The campaign demonstrated the need to engage in a wider and more sustained national campaign to increase testing.

Going forward for 2016 and beyond, AfA will continue to review and renew its programmes to reach out to heterosexual males who are at a higher risk of HIV infection, and work towards facilitating increased rates of HIV testing.

MEN WHO HAVE SEX WITH MEN OUTREACH (MSM)

BY DANIEL LE & ALEX TAN
AFA.ORG.SG/MSM
GAYHEALTH.SG

“The number of new HIV infections continue to be high particularly among young MSM (29 years and below) making it imperative to enhance efforts to reach out to this group...”

AfA has come a long way advocating for sexual health through education and prevention programmes for MSM in Singapore. Today through the efforts of volunteers, staff and community members AfA is able to offer comprehensive HIV services to the MSM communities addressing their sexual health and emotional issues. However, challenges continue to remain and AfA has been constantly evolving to make its services appealing and accessible to the community by striving to address the barriers that limit access to HIV testing, counselling and care.

In July 2014, AfA rebranded its MSM programme and launched *Gayhealth.sg*, offering MSM in Singapore access to the latest and most up to date information on HIV, STIs and sexual well being as well as AfA's services and events. Since its inception, the website alone has had over 105,000 views. Other social media platforms for *Gayhealth.sg* including Facebook, Twitter and Instagram have reached over 260,000 views locally and internationally, making *Gayhealth.sg* a credible portal for MSM sexual health information.

In 2015 the programme reached approximately 5000 MSM through 7 bar/club outreach events, 4 sexual health workshops and 1 seminar on PrEP/PEP as compared to just over 4000 in 2014. Key topics covered at the workshops included mental health, sexually transmitted infections and HIV prevention – paying special attention to the issues and dangers of bareback sex. Further, almost 50,000 condoms were distributed at outreach events and 4498 HIV tests were taken by the MSM community. This saw an increase from 2014 by 357 HIV tests.

Additionally, at one of the workshops 3 youth came forward to disclose their HIV status and discuss the challenges of living with HIV. Also, 3 MSM shared their experiences of taking PEP at the seminar. This demonstrates that AfA's efforts to engage members of the community to break the silence around living with HIV are bearing results.



DANIEL LE

Manager
Men-who-have-sex-with-men
Outreach Programme (MSM)



ALEX TAN

Coordinator
Men-who-have-sex-with-men
Outreach Programme (MSM)



1



2

1 Workshop on sexual health

2 Seminar on PEP/PrEP

Testing With a Service

The Pink Carpet Service that began in 2014 to promote HIV counselling and testing among MSM supported and counselled 876 MSM clients. 58 of our clients subsequently enrolled as volunteers for MSM outreach and 12 were trained to be Pink Carpet Service counsellors.

On The Right Track

2015 was a good year for the MSM programme. The number of clients coming to test increased although newly diagnosed HIV cases at the ATS clinic dropped from 99 in 2014 to 85 in 2015. The number of new HIV infections continue to be high particularly among young MSM (29 years and below) making it imperative to enhance efforts to reach out to this group with the most up to date information and education on HIV prevention and care.

In 2016, the MSM programme will start a brand new campaign using individual horoscopes and star signs to deliver messages on sexual health. Additionally, Pink Carpet will engage in Round 8 venue based testing research project. Further it will continue to provide high quality HIV and STI counselling and testing services in tandem with its outreach work as key strategies for HIV prevention in the MSM community while continuing to innovate based on feedback from the community.



SUPPORT & CARE

Anonymous HIV-testing promotes wider community awareness and well being.

The organisation also provides financial assistance, leads specific support groups and other empowerment workshops to close the gap between diagnosis and care.

ANONYMOUS TESTING SERVICE (ATS)

BY LOKMAN HAKEEM MOHDAR & NURHIDAYAH ISMAIL
AFA.ORG.SG/ATS

“Those 20-29 years of age particularly MSM, registered the highest number of newly diagnosed clients - an increase of 2.6% from the previous year.”

It was another busy year for the Anonymous Testing Service (ATS) with the total number of clients recorded at 6705 (Fig 1); this was a slight decrease of about 5% against 2014. Nonetheless testing numbers remained relatively high, averaging 62 tests (HIV and Syphilis) done per clinic session, with a total of 8,971 individual tests done for the year for both HIV and syphilis. An increase in the number of syphilis tests done meant (a total of 2,266 tests versus 1,923 in 2014) that concerted efforts to encourage syphilis testing at the clinic are finally showing results.

The number of male clients testing continued to outnumber women clients as in previous years. Testing rates among males who identified themselves as heterosexual dropped by 7% as compared to 2014. Late diagnosis with poorer treatment outcomes among heterosexual men at risk means that more effort must be channelled to raise awareness among this group. On the positive side, MSM attendance levels continued to show an upward trend with a 1.5% increase from the previous year (Fig 2).

ATS also recorded more foreign clients in 2015 as compared to 2014 (18.8% versus 15.1% respectively), the number of positive cases recorded for this group was 34 out

of 101 total positive cases at ATS.

Sero-positivity statistics

A total of 101 clients tested positive in 2015 for HIV as compared to 119 newly diagnosed in 2014 and 158 in 2013. A worrying trend however is higher infection rates among those 20-29 years of age coming to the clinic, particularly those who identified as MSM (Fig 3). This means that more needs to be done to inform and influence this vulnerable group on sexual health, STI and HIV. This age group registered the highest number of newly diagnosed clients – an increase of 2.6% from the previous year. Out of the 34 HIV infections in this age group, 27 were repeat testers suggesting high voluntary testing take up rate. This is consistent with data from 2014 where there were 32 identified cases with 26 repeat testers. The highest numbers were in Chinese followed by Malays and Indians respectively (Fig 4).

Linkage to Care

In 2015, 68 out of 101 of the newly diagnosed cases identified themselves as Singaporean or permanent residents. Out of the 68, 66 took the Western Blot test to confirm their sero-status. 40 were referred to local hospitals for further treatment via AfA's



[LOKMAN HAKEEM MOHDAR](#)

Manager (AG)
Clinical Services: ATS and MTS



[NURHIDAYAH ISMAIL](#)

Coordinator
Anonymous Testing Service

(Cont. on next page)

linkage to care programme. The rest opted for treatment overseas. More work needs to be done to assure newly diagnosed Singaporeans/PRs that treatment in local centres is far better than going overseas. More specifically we need to address the fear and suspicion that a person may have regarding what a positive HIV result might mean for their career, privacy and mobility.

Linkage to care continues to be a differentiating factor that separates ATS from anonymous clinics run by GPs. AfA strengthened referral connections with local hospitals and HIV-treatment regionally. The continued high uptake of this programme means that the Linkage to Care subsidy for local referrals is an effective incentive for newly diagnosed clients to go into early treatment programmes. It also reduces the number of newly diagnosed cases that are lost to treatment (Fig 5). Nevertheless, fear and the desire to remain anonymous were the main reasons why a small number of newly diagnosed persons continue to decline referrals via AfA.

The ATS Automation Project

The objectives of ensuring that no data is lost, that statistical reporting and operational performance is improved, is imperative as ATS enters its 24th year of operation. The ground work for the automation initiative has been completed and we plan to implement the project in 2016. The ability to provide a more systematic yet anonymous collection and tracking of health records will enable better analysis of testing trends and disease patterns. It will increase the efficiency of client service delivery and improve client experience and satisfaction. This will ensure that ATS continues to play a leading role in the national HIV programme.

Moving forward

ATS continued to benefit from the dedication of committed volunteers who selflessly contributed their time serving and counselling clients. AfA will continue working to attract and retain its pool of extraordinary volunteers by keeping them energised to the challenges that HIV poses.

Given that voluntary testing plays a pivotal role in containing HIV transmission and as the country's largest dedicated anonymous HIV testing centre, ATS will strive to find ways to encourage and support clients to test in an environment of growing complacency around HIV.

“Late diagnosis with poorer treatment outcomes among heterosexual men at risk means that more effort must be channelled to raise awareness among this group.”

Fig 1 - Total Number of Clients (2005 – 2015)

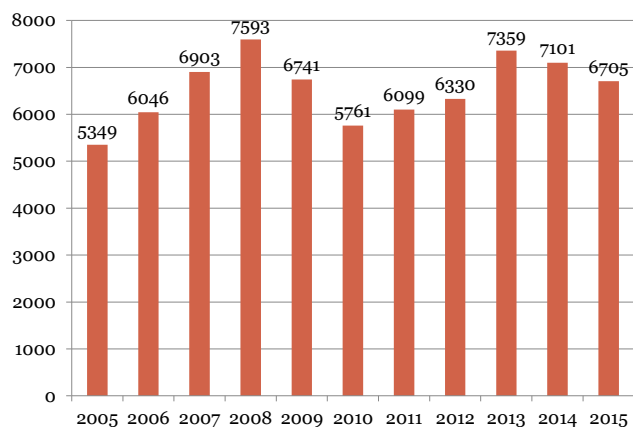
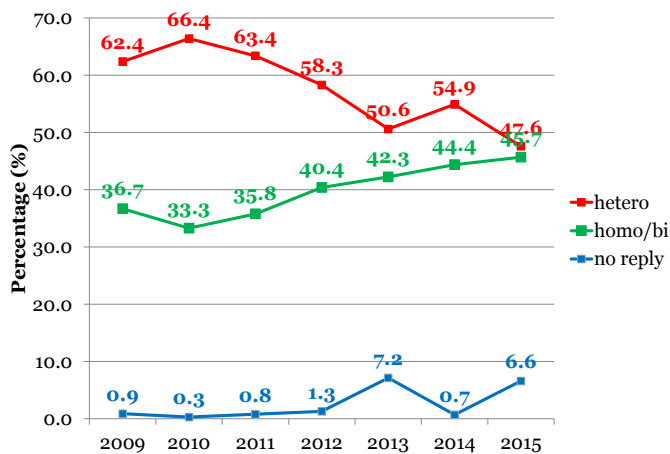


Fig 2 - All Clients by Sexual Orientation (2009 – 2015)



ATS: Key Statistics

Fig 3 - Rapid + Among MSM Clients by Age Group (2010 – 2015)

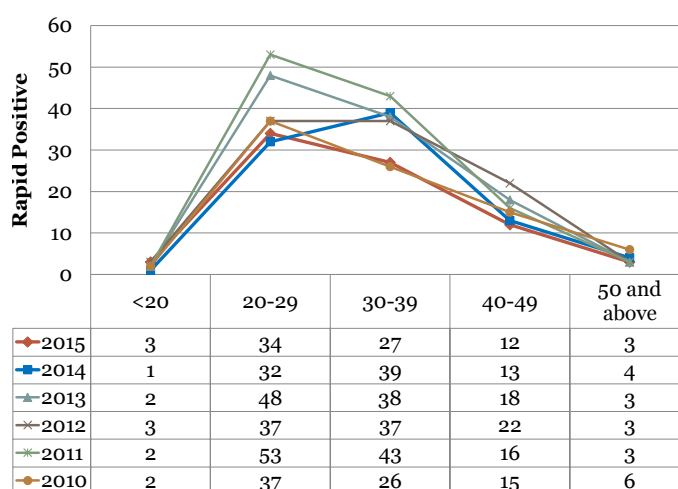


Fig 4 - All Clients by Nationality (2009 – 2015)

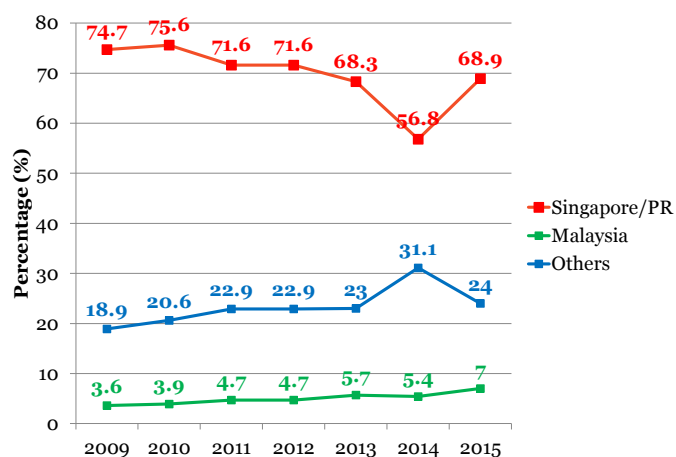


Fig 5 - Linkage to Care Referrals

	2009	2010	2011	2012	2013	2014	2015
HIV Rapid Test Positives	98	98	147	120	158	119	101
Western Blot Positive	63	69	87	85	64	73	76
Linkage to Care via AfA	2	27	40	39	47	43	40
Linkage to care via self-arrangement	1	10	5	6	5	3	12*
Linkage to care Overseas	6	5	10	8	12	21	14
Successful Linkage to Care (D%C)	14.3%	60.9%	63.2%	62.4%	82.8%	91.7%	86.8%

MOBILE TESTING SERVICE (MTS)

BY MURNI SAB ADI & HAZIM RAHMAN
AFA.ORG.SG/MTS

“In 2015 there were 14 reactive results, all of which were successfully linked to treatment. All 14 HIV positive cases were Singaporean or Permanent Residents between 20 – 30 years of age and identified themselves as MSM.”

MTS was launched by AfA in 2011 as an expansion and extension of its anonymous testing service to bring HIV counselling and testing in close proximity to clients and reducing barriers such as accessibility.

Over the years MTS has seen a significant increase in HIV testing. However, in 2015 MTS was temporarily scaled down due to manpower issues but once this was resolved MTS was back on track and carried out 1764 HIV tests, a slight dip from 2014 which recorded 2573 tests (Fig 1).

Towards the latter part of 2015, MTS proactively created more awareness about its service through social media apps such as Grindr, Jack'd and Skout and made its presence known on-line. This exposure saw a sudden spike in number of tests performed through MTS in Dec 2015 and into 2016 (Fig 2). The team is confident that this trend will continue and will lead to an increase in the number of clients testing at MTS who find the service convenient and approachable.

Sero-positivity statistics

In 2015 there were 14 reactive results, all of which were successfully linked to treatment (Fig 4). All 14 HIV positive cases were Singaporean or Permanent Residents between 20 – 30 years of age and identified themselves as MSM (Fig 3). This further strengthens the growing evidence that young MSM are particularly vulnerable to HIV and urgent interventions are needed to address this.

In 2016, MTS will identify additional locations based on client feedback and analysis where the van will be deployed on a regular basis. MTS will also continue to work in partnership with AfA's outreach programmes to facilitate HIV testing as part of its comprehensive HIV programming. The MTS van will continue to be available on-site where feasible to allow individuals receiving HIV information and supplies through AfA's outreach work to go for HIV counselling and testing.



MURNI SAB ADI

Senior Coordinator
Mobile Testing Service
Volunteer Management



HAZIM RAHMAN

Coordinator
Mobile Testing Service

MTS: Key Statistics

Fig 1 - Clients by Orientation

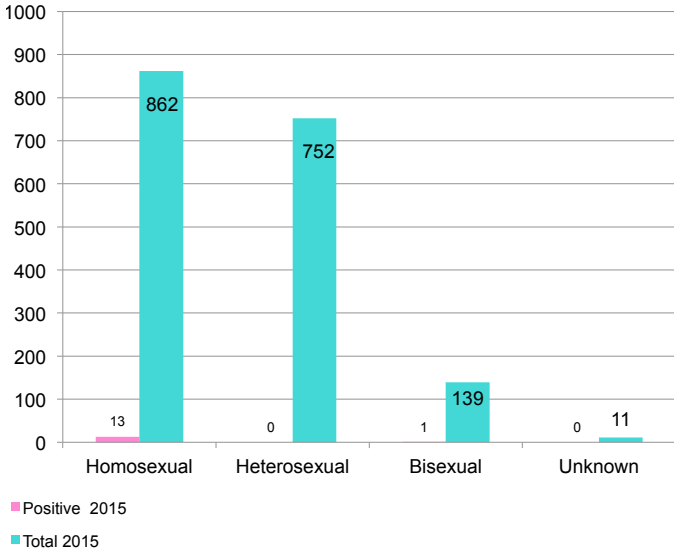


Fig 3 - Percentage of Rapid +ve by Type of Test and Gender in 2015

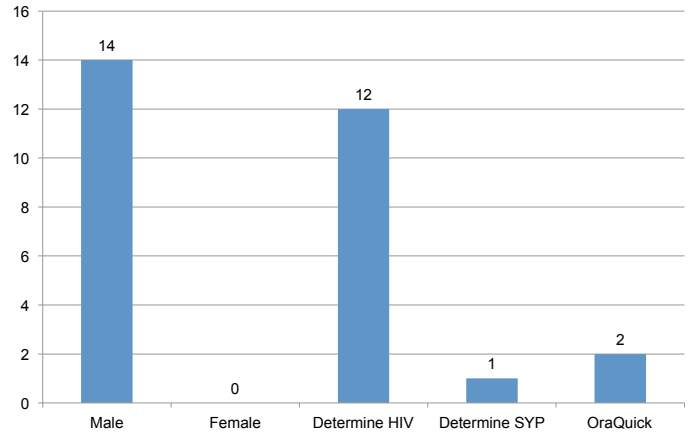


Fig 2 - Clients Monthly 2015

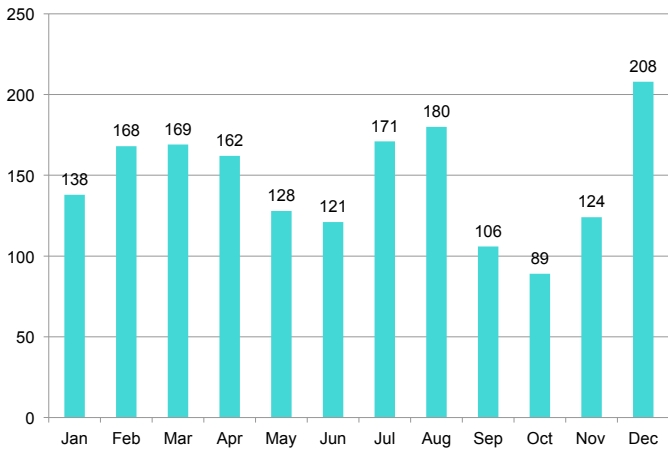


Fig 4 - Linkage to Care

	2011	2012	2013	2014	2015
HIV Rapid Test Positives	0	0	14	22	14
A Overall Rapid HIV Positivity rate	0%	0%	0.78%	0.75%	0.78%
B Western Blot Positive	0	0	13	10	14
C Western Blot Positive Referred to Care	0	0	13	10	14
D Successful Linkage to Care (D% ^c)	0%	0%	92.9%	45.4%	100%

COORDINATED CARE

BY ANWAR HASHIM & LARVNYA RAVEEN
AFA.ORG.SG/COORDINATEDCARE

“In 2015, a total of \$8,172.16 was dispensed under Linkage to Care to subsidise initial cost of treatment at local hospitals...”

In 2015, a total of \$63,672.16 of direct financial assistance was dispensed to assist 113 people living with HIV (PLHIV) and their family members to offset the costs of their medication.

A major part of the assistance was dispensed under the Paddy Chew Patient Welfare programme, which formed the bulk of all support group activities. A total of \$43,200 was given to successful support group members' applications. The requirement for qualification to the fund hinges on the evidence of commitment of PLHIV to take part in peer support group activities and Afa's programmes (see GIPA below). A total of 865 GIPA hours were clocked by members through support group participation as well as outreach activities.

The HIV+ Pregnant Mothers programme provided 3 mothers with financial assistance for their treatment throughout their pregnancy to prevent vertical transmission. The Care for Family Fund continued to receive applications from PLHIV and their family members, and dispensed a total of \$10,600. There was an increase in requests mainly from low income families and caregivers. Although Medisave, MediShield and Medifund exist to help ensure accessibility and affordability, unfortunately many PLHIV do not qualify for these programmes, and fall through the cracks in the system because they do not meet the financial cut-offs.



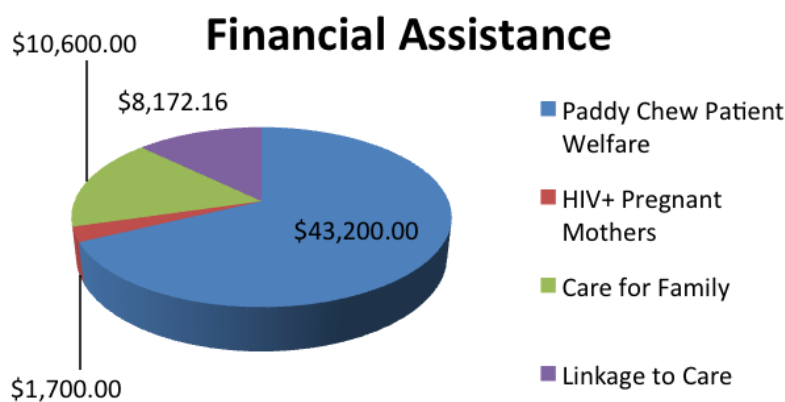
ANWAR HASHIM

Senior Manager
Coordinated Care, Donor and
Volunteer Management, AMPUH



LARVNYA RAVEEN

Coordinator
Coordinated Care, Donor and
Volunteer Management



	2011	2012	2013	2014	2015
Funds Type	Amt Dispersed	Amt Dispersed	Amt Dispersed	Amt Dispersed	Amt Dispersed
Paddy Chew Patient Welfare	\$80,000	\$75,000	\$42,900	\$34,900	\$43,200
Prison Medication	\$29,189	\$15,300	\$82.35	NA	NA
HIV+ Pregnant Mothers	\$2,500	\$1,000	\$9,908.30	\$4,220	\$1,700
Care for Family	\$4,900	\$1,400	\$2,400	\$2,800	\$10,600
Linkage to Care	\$8,982.24	\$8,097.23	\$9,330.22	\$7,633	\$8,172.16
Total:	\$125,571.24	\$99,397.23	\$64,620.87	\$49,553.00	\$63,672.16

A newly diagnosed young PLHIV just starting his care regime with no source of income will need funding for out of pocket expenses such as clinic visits, especially if he chooses not to divulge his status to his family members. An HIV+ prison inmate who has recently been discharged will need financial assistance in terms of an emergency fund to help him find his footing again. These are just some examples of opportunities to expand our funding criteria.

In 2015, a total of \$8,172.16 was dispensed under Linkage to Care to subsidise initial cost of treatment at local hospitals for those newly diagnosed with HIV which was slightly more than that in 2014.

Positive Living Centre (PLC)

In 2015, PLC as an activity centre was extended to AfA's partner organisations, such as Youth-out-Here and SG Rainbow. These groups have been running their support programs alongside AfA's support groups. Their presence not only ensures that PLC is fully utilised but also enables expeditious connection and support for clients needing such services.

What is GIPA?

The Greater Involvement of People Living with HIV (GIPA) is a guiding principle that was formally adopted at the Paris AIDS Summit in 1994. It aims to realise the rights and responsibilities of people living with HIV, including their right to self-determination and participation in decision-making processes that affect their lives. In these efforts, GIPA also aims to enhance the quality and effectiveness of the AIDS response and is critical to progress and sustainability. (UNAIDS, 2007).

In practice, GIPA involves scaling up the active and meaningful participation of PLHIV in all aspects of the response to HIV from decision making to program conceptualisation and delivery by creating an environment that is conducive to such participation.

“Although Medisave, MediShield and Medifund exist to help ensure accessibility and affordability, unfortunately many PLHIV do not qualify for these programmes, and fall through the cracks in the system because they do not meet the financial cut-offs.”



ADVOCATE

Since its inception, AfA has been a visible advocate for the fair treatment of Persons Living with HIV/AIDS.

Today, we continue our efforts to seek access to affordable treatment for all PLHIV, and sit on the National HIV/AIDS committee as a CSO (Civil Society Organisation) representative.

SINGAPORE AIDS CANDLELIGHT MEMORIAL

BY ANWAR HASHIM & LARVNYA RAVEEN
AFA.ORG.SG/SACM

“The memorial remembered the 1582 individuals who have passed on since 1985 when HIV/AIDS was first discovered in Singapore.”

The 2015 Singapore AIDS Candlelight Memorial was held on Sunday 17 May at the NUHS Auditorium. The Memorial commemorates lives lost to HIV and remembers the activism of people living with HIV while continuing to mobilise the community and raise awareness on HIV. The 2015 global theme for the memorial was ‘Supporting the Future’ of PLHIV through a sustainable response.

The highlight of the memorial was a screening of the 1999 performance ‘Completely with/out character’ based on the late Paddy Chew, the first Singaporean to come out as HIV positive. The play was a reminder of the courage demonstrated by him to break the silence around HIV which continues in Singapore even 16 years after his death.

The event was hosted by Becca’ D’bus with a performance by Marla Bendi. The audience were encouraged to read and share stories of people living with HIV. For every story that was read, a light was lit.

The memorial remembered the 1582 individuals who have passed on since 1985 when HIV/AIDS was first discovered in Singapore.



FUNDRAISING EFFORTS

BY ANWAR HASHIM & LARVNYA RAVEEN

AFA.ORG.SG/DONATE

“Fundraising is the gentle art of teaching the joy of giving.” – Henry Rosso

In 2015, Action for AIDS Singapore was involved in a few collaborations and partnerships. For the second time, AfA was selected as a beneficiary for ALDO (Montreal) for the Spring Summer '15 Fashion Event. This year's campaign raised \$13,104.68 through the sale of fashion accessories from 29 April to 6 May at ION Gallery.



The collaboration involved a photography exhibition showcasing 15 local personalities and their Perfect Pair story. Perfect Pair is a photography campaign that narrates the bond between various iconic pairs or personalities embracing what they hold true in their lives. The pairing embodies the Perfect Pair notion; whether it is through mutual support or by inspiring each other.



Designed to contextualise ALDO's latest concept and done in collaboration with celebrity photographer Kevin Ou, the campaign took the audience through a personal and intimate journey into their favourite icons' stories. Through fashion and photography, the exhibition also aimed to raise awareness and funds for ALDO FIGHTS AIDS. The photographs highlighted ALDO's empowering message: Stay true to who you are in order to find your #PerfectPair. All proceeds collected were donated to AfA.

Portraits of “perfect pairs” and their replicas on postcards were sold together with friendship bracelets, where the proceeds of the sale were donated to AfA. AfA for the second time partnered with Credit Suisse for the production of 12,000 Red Ribbons for its Wear a Red Ribbon event on World Aids Day. On Dec 1, various locations were covered island-wide for AfA's Flag Day and more than \$5,000 was collected.

Our long time supporter, MAC AIDS Fund continued to support the MTS programme and contributed \$150k towards this in 2015.

Further, \$120k was collected through donations from individuals and companies who continued to support our cause.

All donations continued to be matched dollar for dollar by the Government as part of its Care and Share movement.



VOLUNTEERING WITH AFA

BY ANWAR HASHIM & LARVNYA RAVEEN
AFA.ORG.SG/GET INVOLVED

“The best way to not feel hopeless is to get up and do something. Don't wait for good things to happen to you. If you go out and make some good things happen, you will fill the world with hope, you will fill yourself with hope.” – Barack Obama

AfA continued to heavily rely on volunteers for its programmes. Volunteers are one of the most important resources for the organisation and without their dedication and commitment; our work would not be possible.

Throughout 2015 we continued to attract a steady stream of volunteers who were willing to commit their time and efforts to AfA's work. In 2015, a total of 188 individuals attended the Volunteers' induction training. The induction is held every 8 weeks as part of a basic training and introduction into AfA's services, prior to assigning volunteers to relevant programmes.

In 2016, AfA hopes to continue to attract and retain its talented pool of volunteers for its various programmes.



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HELP US. REACH MORE.



Become an advocate

Volunteers are one of the most important resources for our organisation. They come from all walks of life and are of diverse nationalities.

To learn more about volunteering or to sign up, please visit our website at:

www.afa.org.sg/getinvolved

You are our best answer to slow down the spread of HIV.



Donate

Only with your wholehearted support, we are able to continue our aim of achieving the three zeros.

To make a donation via

Credit/Debit card or SGGives
please visit our website at:
www.afa.org.sg/donate

Cheque donations
Kindly issue a crossed cheque payable to "Action for AIDS Singapore", and mail it to:

**9 Kelantan Lane #03-01
Singapore 208628**

Cash Donations
If you would like to make a cash donation, please drop by our office.

All donations above \$50 are tax deductible, please include your: NRIC/FIN/RVB, number, company or your full name when making a donation.



Mailing & Contact Details

9 Kelantan Lane #03-01
Singapore 208628
or
c/o DSC Clinic:
31 Kelantan Lane #02-16
Singapore 200031

Tel: (65) 6254 0212
Fax: (65) 6256 5903
Email: info@afa.org.sg

Name of Organisation:
Action For AIDS (Singapore)
UEN: S88SS0126A
IPC No: HEF0006/G
Date of Charity Registration:
07 October 1994

Admin Office Operating Hours:
Mon-Fri : 10am - 5pm

DOING IT BETTER

**EDUCATE
SUPPORT
ADVOCATE**